Statistical Bulletin

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American Family Ties Strengthened

THE ties of family life in our country have drawn closer in the past decade. So marked has been the upswing in marriages since 1940 that the supply of single persons in the population has been materially depleted. The birth rate, as indicated elsewhere in this issue, not only reached an unexpectedly high level during this period but as yet has shown little tendency to decline. At the same time the number of widowed, divorced, or separated, as a group, has decreased in relative frequency—that is, in relation to the number ever married. If this decrease had not occurred, there would have been almost 15,600,000 persons in our country in 1950 with marital ties broken or disrupted—or more than 1,800,000 in excess of the actual number.

The proportion widowed, divorced, or separated, has declined among both men and women, as may been seen from the chart on the following page. Men showed a somewhat greater decrease than women at every period of life, but particularly at the younger ages. The less favorable record for women under 25 years of age reflects, in part, the absence of husbands serving overseas in 1950. The proportion widowed, divorced, or separated is usually greater among women than men. The recent trend has widened this difference. Such persons now constitute 21 percent of the women who ever married but only 10 percent of the men; the higher figure for the women results largely from the greater frequency of widowhood among women than men.

The continued decline in mortality is an important element in the reduction of broken homes over the past 10 years. In addition, men and women bereft of their marital partners have responded to the very favorable conditions for remarriage. In consequence, the proportion widowed of the ever-married men decreased from 6.3 percent in 1940 to 5.1 percent in 1950; among the women the corresponding reduction was from 16.2 to 15.0 percent, as is evident from the table on page 3.

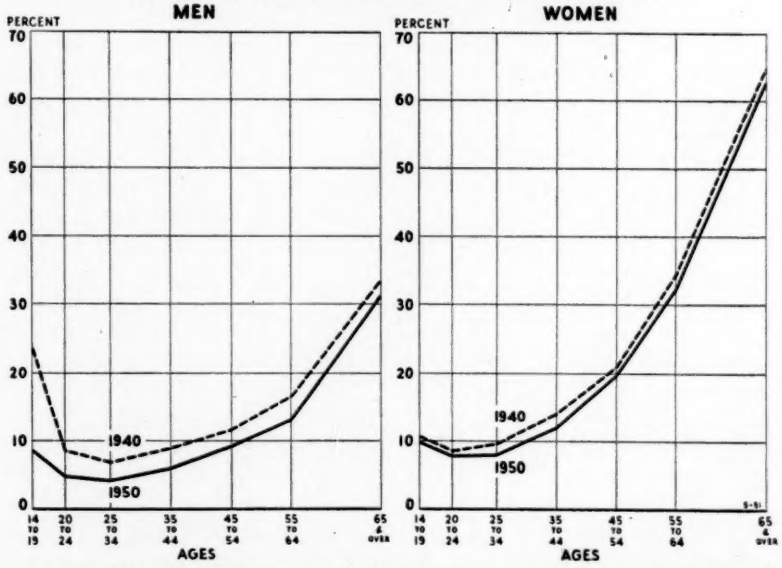
Separated persons likewise declined in relative frequency during the decade; this may be attributed to several factors. In 1940 there was a backlog of separated persons which had been built up during the depression decade of the 1930's. With the return of economic prosperity and

with the psychological conditions engendered by World War II, many of these disrupted marriages were legally dissolved. The marked rise in the divorce rate among couples married for relatively long periods bears witness to this fact. Moreover, there is some evidence that the time interval between the separation that precedes divorce and the legal dissolution of the marriage has been reduced. This in itself has contributed toward a smaller number of separated couples in the population.

The divorced were the only group to show an increase, reflecting the fact that a record total of about 4,000,000 marriages were legally dissolved during the decade under review. What may be surprising under the circumstances is that the increase in the proportion divorced has been so small. Among men at ages 14 and over, the rise was only from 1.9 percent to 2.2 percent between 1940 and 1950; among women, it was from 2.3 to 2.7 percent. Evidently, the remarriage rate for the divorced has been very high, especially for those who had married hastily during the war.

Altogether, the American people have a deep and abiding need for family life. Whatever the disruptive forces of contemporary society, they are outweighed by the strong desire for home and children.

Widowed, Divorced, or Separated Persons as Percent of the Ever Married, by Sex and Age. United States, 1940 and 1950



Source of basic data: 1940 Census, and estimates by the Bureau of the Census for March 1950 based on a sample survey.

WIDOWED, DIVORCED, OR SEPARATED PERSONS AS PERCENT OF THE EVER MARRIED AGES 14 AND OVER,* BY SEX, UNITED STATES, 1940 AND 1950

MARITAL STATUS	MEN		WOMEN	
	1940	1950	1940	1950
Widowed	6.3	5.1	16.2	15.0
Divorced	1.9	2.2	2.3	2.7
Separated	4.8	2.8	4.2	3.3
TOTAL	13.0	10.1	22.7	21.0

*Standardized on the basis of age distribution of total ever-married population at ages 14 and over, United States, 1940.

Source of basic data: 1940 Census, and estimates by the Bureau of the Census for March 1950 based on a sample survey.

Changing Problems in Child Health

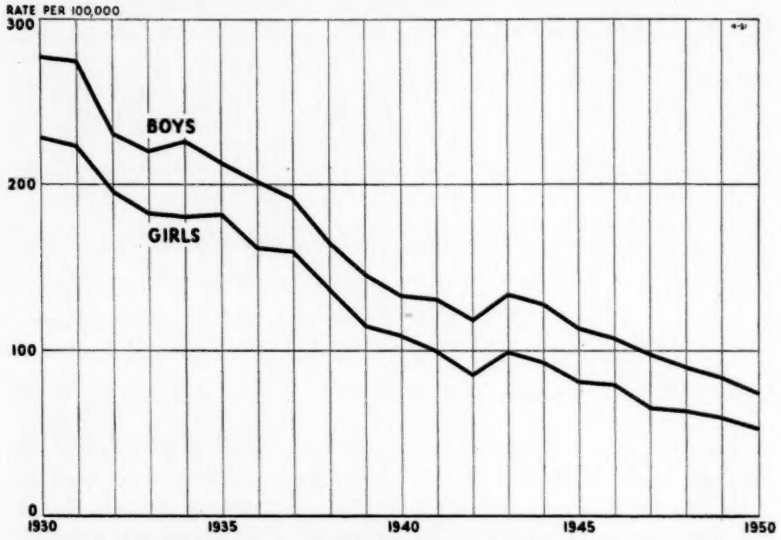
THE efforts to conserve the lives of children have been richly rewarded in the past two decades. The progress made is clearly demonstrated by the extraordinarily large and continuous reduction in the mortality of children insured in the Industrial Department of the Metropolitan Life Insurance Company. As may be seen from the chart on page 4, the death rate among white boys 1-14 years of age dropped from 275.8 per 100,000 in 1930 to 74.7 per 100,000 in 1950—a decrease of 73 percent. Among the white girls the reduction in this period was somewhat larger—from 228.4 per 100,000 to 53.9, or 76 percent.

At the preschool ages the improvement has been quite remarkable, amounting to about four fifths in only two decades. As a result, among the boys at ages 1-4 the death rate from *all causes combined* in 1950 was less than that from pneumonia and influenza alone in 1930. For the preschool girls the change was even more striking, the death rate from all causes in 1950 being 88.8 per 100,000, while the rate from pneumonia and influenza alone in 1930 was 104.1 per 100,000. As the table on page 5 shows, the improvement in mortality at the later childhood ages was not quite as marked as that at the preschool years, yet even at 10-14 years the general death rate dropped 63 percent among the boys and 73 percent among the girls between 1930 and 1950. The mortality among these girls is now only 31 per 100,000, or scarcely one death a year in 3,000; two decades ago the toll was more than one in 900.

Even more dramatic is the story for some of the individual causes of death. The mortality from the principal communicable diseases of childhood (measles, scarlet fever, whooping cough, and diphtheria) fell more than 95 percent among both boys and girls in each age group. Almost as rapid was the downward trend of the death rate from diarrhea

Age-Adjusted Death Rates Among White Children 1 to 14 Years of Age by Sex

Metropolitan Life Insurance Company, Industrial Department,* 1930-1950



*Weekly premium-paying business, 1930-1940; Weekly and Monthly combined, 1941-1950.

and enteritis and from appendicitis. Reductions of not less than 75 percent at any of the age periods were recorded for pneumonia and influenza, tuberculosis, and rheumatic fever. Poliomyelitis showed a mixed picture—a substantial decline in mortality at the earlier childhood ages and either no change or an increase at 10-14 years. The death rate from accidents was reduced by approximately one half among the insured children at most age groups. Only the cancers (including leukemia and Hodgkin's disease) recorded a marked rise in mortality throughout childhood.

The changing mortality picture at the preschool and school ages has brought major shifts in the relative importance of various causes of death and, as a consequence, changes in the aims of the child health campaign. Accidents now constitute the leading cause of death in every age group for both boys and girls. At ages 1-4 years accidents account for about one death in every three among boys and nearly one in every five among girls. Pneumonia and influenza—leading all other causes of death at the preschool ages in 1930—now rank a poor second, while the cancers are third.

At the school ages accidents and cancers dominate the mortality picture, but in varying proportions according to sex and the individual

age groups. Among boys fatal mishaps are responsible for about 45 percent of all deaths at 5-14 years, underscoring the need for intensification of the safety program at these ages. The cancers accounted for 16 percent of all deaths among boys at ages 5-9 and for 10 percent of the total at the later school ages. Among girls accidents likewise ranked first,

DEATH RATES FROM SPECIFIED CAUSES AMONG WHITE CHILDREN 1 TO 14 YEARS OF AGE BY SEX. METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT,* 1950 AND 1930

CAUSE OF DEATH	DEATH RATE PER 100,000								
	AGES 1-4			AGES 5-9			AGES 10-14		
	1950	1930	Percent Decline	1950	1930	Percent Decline	1950	1930	Percent Decline
	WHITE MALES								
All Causes	108.3	501.3	78	62.5	203.0	69	58.2	156.0	63
Principal communicable diseases of childhood	1.4	82.3	98	1.1	26.6	96	0.2	5.5	96
Diarrhea and enteritis	2.4	59.6	96	.2	4.2	95	—	.7	100
Appendicitis	1.1	13.2	92	.6	11.9	95	.6	12.8	95
Pneumonia and influenza	12.2	119.0	90	1.7	20.6	92	2.7	11.7	77
Tuberculosis	4.4	22.5	80	.9	8.6	90	1.8	8.1	78
Rheumatic fever and organic heart disease (1920 Class)	1.1	6.6	83	2.1	11.6	82	4.6	18.1	75
Poliomyelitis	1.4	4.3	67	2.4	3.3	27	3.5	1.4	+150
Cancer—including leukemia and Hodgkin's disease	11.3	7.5	+51	10.2	4.4	+132	5.9	4.0	+ 48
Accidents—all forms	32.9	58.4	44	28.4	55.7	49	24.8	50.9	51
	WHITE FEMALES								
All Causes	88.8	435.7	80	46.3	162.9	72	31.3	115.5	73
Principal communicable diseases of childhood	3.6	80.9	96	0.8	27.2	97	0.1	5.3	98
Diarrhea and enteritis	2.4	49.9	95	.2	3.0	93	.2	1.1	82
Appendicitis	.8	9.9	92	.6	12.4	95	1.2	11.6	90
Pneumonia and influenza	12.1	104.1	88	2.8	19.1	85	1.4	11.1	87
Tuberculosis	4.4	24.1	82	1.1	8.7	87	2.5	14.2	82
Rheumatic fever and organic heart disease (1920 Class)	1.3	7.1	82	2.7	12.5	78	4.1	19.5	79
Poliomyelitis	.6	2.2	73	1.5	2.9	48	.9	.9	0
Cancer—including leukemia and Hodgkin's disease	12.0	6.2	+94	7.1	3.4	+109	5.0	2.2	+127
Accidents—all forms	16.3	46.8	65	12.4	25.8	52	5.1	11.8	57

Plus (+) denotes increase.

*Weekly premium-paying business alone in 1930; Weekly and Monthly combined in 1950. Rates for 1950 are provisional.

but the lead over the cancers was not nearly as large as among the boys. In fact, at ages 10-14 years the death rate from the cancers is practically the same as that for fatal mishaps. At the school ages rheumatic fever and poliomyelitis rank with the major causes of death in each sex.

The marked progress made in safeguarding the life and health of children reflects in large measure the advances in medical science and public health administration, as well as the general rise in our standard of living. The major health problems now are those which have proved the least amenable to life conservation efforts. There can be no quick, easy solution to the accident problem because of the wide variety of circumstances under which mishaps occur. The causes of cancer, rheumatic fever, and poliomyelitis are still to be definitely established. Fortunately, increasing attention is being focused on these diseases by physicians and research workers. As the recent Mid-Century White House Conference on Children and Youth has pointed out, there is also great need for improvement in other fields of child health, such as nutrition, dental defects, mental health, and various physical impairments. Altogether, there is clearly still a great deal to be done in promoting the physical and mental wellbeing of our children.

Birth Rate Trends in the Postwar World

SHORTLY after the end of World War II birth rates throughout the world rose to unexpectedly high levels. In many countries the postwar rates were the highest experienced since the boom in births that followed World War I. Particularly striking gains were recorded in the United States, where the birth rate at the postwar peak in 1947 was one and a half times that in the immediate prewar period, 1937-1939. The upswing was almost as marked in such widely separated countries as New Zealand, France, and Canada. The details appear in the table on page 7, which shows the figures for 31 countries in the period 1937-1949.

The postwar increases in fertility were not generally preceded by unusually low wartime birth rates, as was the case in World War I. In fact most countries enjoyed higher birth rates during World War II than in the years just before hostilities began. Thus, in the United States the rates averaged 15 percent higher in 1940-1944 than in 1937-1939; in Austria, Sweden, Switzerland, and New Zealand the rise was even greater. These facts suggest that the postwar rise in the birth rate in a number of countries was due not so much to the deferment of births during the war as to the improved economic conditions compared with the depression decade of the 1930's.

Most countries reached their peak postwar birth rate in 1947, although some, notably those which had been neutral or occupied by the Germans,

experienced their highest rates somewhat earlier. In the past few years the birth rates have tended downward, but the declines generally have been small. In the United States, for example, the rate in 1949 was only 7 percent lower than in 1947. Even smaller have been the decreases in other countries, including Canada, the Union of South Africa, and Australia. Only a few countries have experienced rather sharp de-

BIRTH RATES IN SELECTED COUNTRIES, 1937-1949

COUNTRY	BIRTH RATE PER 1,000 POPULATION							PERCENT CHANGE		
	1949	1948	1947	1946	1945	1940-1944	1937-1939	1947 since 1937-1939	1949 since 1947	1949 since 1937-1939
North and Central America										
United States	23.9	24.2	25.8	23.3	19.6	19.9	17.3	+49	− 7	+38
Canada [1]	26.9	27.0	28.6	26.9	23.9	23.0	20.3	+41	− 6	+33
Costa Rica	41.0	41.3	53.3	42.4	44.2	42.7	43.1	+24	−23	− 5
Dominican Republic	38.7	36.2	31.6	35.2	29.4	31.8	35.1	−10	+22	+10
Mexico	45.4	44.6	46.1	43.7	44.9	44.6	44.1	+ 5	− 2	+ 3
Nicaragua	35.4	33.3	34.9	34.7	34.3	32.8	33.3	+ 5	+ 1	+ 6
South America										
Chile	33.2	33.7	33.8	32.4	33.3	33.1	32.6	+ 4	− 2	+ 2
Venezuela [2]	43.3	40.8	39.5	38.4	36.8	35.8	34.4	+15	+10	+26
Europe										
Austria	15.8	17.7	18.6	15.9	14.9	19.1	15.8	+18	−15	0
Belgium	17.2	17.6	17.8	18.3	15.7	13.9	15.6	+14	− 3	+10
Denmark	18.9	20.3	22.1	23.4	23.5	20.3	18.0	+23	−14	+ 5
Finland	25.8	27.2	27.8	27.7	25.3	20.0	20.7	+34	− 7	+25
France [3]	21.0	21.2	21.3	20.9	16.5	14.9	14.9	+43	− 1	+41
Ireland	21.4	22.0	23.2	22.9	22.6	20.9	19.2	+21	− 8	+11
Italy	20.0	21.6	21.9	22.7	18.5	20.9	23.4	− 6	− 9	−15
Netherlands	23.7	25.3	27.8	30.2	22.6	21.8	20.3	+37	−15	+17
Norway	19.6	20.5	21.4	22.6	20.2	17.7	15.7	+36	− 8	+25
Portugal	25.0	26.3	24.1	25.0	25.7	24.3	26.5	− 9	+ 4	− 6
Spain	21.4	23.0	21.3	21.4	23.0	22.0	19.8	+ 8	†	+ 8
Sweden	17.4	18.4	18.9	19.7	20.4	17.7	14.9	+27	− 8	+17
Switzerland	18.4	19.0	19.3	20.0	20.1	17.9	15.1	+28	− 5	+22
United Kingdom	17.0	18.1	20.7	19.4	16.2	15.9	15.3	+35	−18	+11
England and Wales	16.7	17.8	20.5	19.2	15.9	15.5	14.9	+38	−19	+12
Northern Ireland	21.3	21.9	23.3	22.6	22 0	22.2	19.8	+18	− 9	+ 8
Scotland	18.5	19.4	22.0	20.3	16.9	17.8	17.6	+25	−16	+ 5
Western Germany [4]	16.6	16.5	16.5	15.9	*	*	19.6	−16	+ 1	−15
Asia										
Ceylon	39.9	40.6	39.4	38.4	36.7	37.3	36.6	+ 8	+ 1	+ 9
Israel [5]	29.4	26.8	30.5	29.0	30.4	25.3	25.5	+20	− 4	+15
Japan	33.2	33.4	34.3	25.3	23.2	30.1	28.2	+22	− 3	+18
Africa and Oceania										
Australia [6]	22.9	23.1	24.1	23.6	21.7	19.5	17.5	+38	− 5	+31
New Zealand [7]	24.9	25.5	26.4	25.2	23.3	21.4	18.0	+47	− 6	+38
Union of South Africa [8]	26.7	27.0	27.2	26.9	25.4	25.6	25.1	+ 8	− 2	+ 6

Sources: Various reports from the United Nations and the National Office of Vital Statistics; Registrars' Reports for England and Wales, Scotland, and Northern Ireland; and Population Index.

[1] Excludes Yukon, Northwest Territories, and Newfoundland.

[2] Excludes jungle population.

[3] Excludes infants born alive but who die before registration of birth.

[4] Former British, French, and U.S. Zones, excluding the Saar and Berlin. Rate shown for 1937-1939 is actually for 1938 only.

[5] Jewish population only; 1937-1947, Jewish population of Palestine.

[6] Excludes full-blooded aboriginals.

[7] Excludes Maoris.

[8] European population only.

*Not available.

†Less than 0.5 percent.

clines from their highest postwar birth rates. One of the most striking examples is provided by The Netherlands, whose birth rate rose to 30.2 per 1,000 population in 1946 only to fall to 23.7 in 1949. England and Wales saw a decline of 19 percent from the peak year (1947) to 1949.

Despite recent declines the birth rates in almost all countries were still materially higher in 1949 than in the prewar period 1937-1939. Even countries which traditionally have high birth rates have maintained or increased them. Mexico, for example, with one of the highest rates in the world, recorded 45.5 births per 1,000 population in 1949 as compared with 44.1 in 1937-1939. In Ceylon, where population pressure has become a major problem because of the recent sharp drop in mortality, postwar birth rates have been consistently higher than in the prewar period.

The experience of Japan is very much like that of Ceylon in that postwar birth rates rose rapidly while death rates were markedly reduced. Her birth rate of 34.3 per 1,000 population in 1947 was 22 percent above the prewar level, and the decline between 1947 and 1949 amounted to only 3 percent. During the first nine months of 1950, however, Japan's birth rate was 15 percent below that for the comparable period in 1949, which may bring her rate in 1950 close to the 1937-1939 level.

In contrast, the birth rates of Western Germany and Italy have not followed the general pattern set by most Western countries. The rate for Western Germany has risen somewhat during the postwar years, but it still remains well below the 1938 level. Italy's postwar birth rates have also remained considerably below those of the prewar period.

France merits special attention because her population has been practically stationary for a half century. In 1947 she reached a birth rate of 21.3 per 1,000, or 43 percent above her prewar level of 14.9; by 1949 the birth rate had dropped only slightly to 21.0. The rate in 1950 probably remained at about the same level. This is the first substantial indication in many years that the French population is being stabilized. Prior to the recent resurgence in the birth rate, France had not recorded a rate above 20 per 1,000 since 1921.

It is difficult to forecast the future course of the birth rate over the world. In all probability, we shall see fairly sizable reductions in the near future, but it is still too early to say just when they will come and how great they will be.

Future Goals in Longevity

THE expectation of life at birth in the United States has increased about 19 years since 1900. This major achievement in life conservation has resulted largely from the marked reduction in the mortality from the infectious diseases—heretofore the major targets of the medical sciences and the public health movement generally. The ob-

jectives of future efforts to increase longevity are clearly indicated by the number of years that could be added to life by the elimination of various causes of death. The table on page 10 gives the details. These figures represent the maximum that could be accomplished, and thus stand as a goal which will probably never be reached but toward which we must strive.

By far the greatest increase in the expectation of life at birth would be attained through the elimination of the cardiovascular-renal diseases; the gain would be almost 10 years for white men and 9 years for white women. The figures may appear surprisingly large in view of the fact that the mortality from these diseases shows a greater concentration at the older ages than any other cause of death. Yet such is the magnitude of the death rate from the cardiovascular-renal diseases past midlife that if they were eliminated, the remaining years of life to a man aged 50 would be increased an average of 10 years—from 22 additional years of life to 32 years. It is, of course, unrealistic to talk of wiping out the cardiovascular-renal diseases; yet it should be remembered that they account for more than 200,000 deaths a year among white persons under age 65. If most of these deaths could be postponed until later years, the expectation of life would still be increased appreciably.

The years of life sacrificed to cancer are second only to the toll exacted by the cardiovascular-renal diseases. The elimination of cancer as a cause of death would add 1.8 years to the expectation of life of white males and 2.5 years to that of white females. The figures vary little from birth to age 50, indicating that the increase in longevity would be achieved for the most part through the saving of people who are past midlife.

For accidents, however, the story is quite different. The number of years of life that would be gained by the elimination of fatal accidents drops from 1.8 years at birth to 0.3 years at age 60 for men and from 0.8 to 0.3 years for women. This reflects the relatively high toll of life that accidents take among young people. It is significant, in this connection, that as much would be added to the average lifetime of white males by eliminating fatal accidents as by eliminating cancer, in spite of the fact that the mortality from cancer among males is about three fifths higher than that from accidents. The explanation is that the years of life saved from any specific cause depends not only upon the magnitude of the death rate but also upon the average age at death.

The elimination of tuberculosis as a cause of death would add only one half a year to the expectation of life at birth. The marked progress that has been made against the disease is indicated by the fact that 30 years ago the figure was about four times as high. The reduction in the

years of life lost has come about in two ways—first, through the large decrease in mortality, and, second, by the postponement of death to the later ages of life.

Diabetes, too, costs relatively few years of life as compared with other leading causes of death. The elimination of this disease would benefit women appreciably more than men.

Future gains in longevity will be contributed by reductions in the mortality from each of the conditions considered here, as well as from many others. The infectious diseases are by no means completely vanquished; their complete control —not a remote possibility—will add appreciably to our average length of life. However, the greatest opportunities for further gains now lie in a better understanding of the chronic diseases, and it is in this direction that our medical investigators and public health administrators are devoting more and more attention.

YEARS OF LIFE THAT WOULD BE GAINED BY THE ELIMINATION OF SPECIFIED CAUSES OF DEATH
WHITE PERSONS, BY SEX AND AGE. UNITED STATES, 1948

Age	Expectation of Life in 1948	Expectation of Life With Elimination of Specified Cause					Years of Future Life Lost to Specified Cause				
		Cardiovascular-Renal*	Cancer†	Accidents	Tuberculosis	Diabetes	Cardiovascular-Renal*	Cancer†	Accidents	Tuberculosis	Diabetes
	WHITE MALES										
0	65.5	75.3	67.3	67.3	66.0	65.7	9.8	1.8	1.8	0.5	0.2
10	58.4	68.6	60.3	60.0	58.9	58.6	10.2	1.9	1.6	.5	.2
20	49.0	59.3	50.8	50.2	49.5	49.2	10.3	1.8	1.2	.5	.2
30	39.8	50.1	41.6	40.7	40.2	40.0	10.3	1.8	.9	.4	.2
40	30.7	41.1	32.5	31.4	31.1	31.0	10.4	1.8	.7	.4	.3
50	22.4	32.4	24.1	22.9	22.7	22.7	10.0	1.7	.5	.3	.3
60	15.4	24.6	16.7	15.7	15.6	15.6	9.2	1.3	.3	.2	.2
	WHITE FEMALES										
0	71.0	80.0	73.5	71.8	71.4	71.5	9.0	2.5	0.8	0.4	0.5
10	63.5	72.7	65.9	64.1	63.8	64.0	9.2	2.4	.6	.3	.5
20	53.8	63.1	56.2	54.3	54.1	54.3	9.3	2.4	.5	.3	.5
30	44.3	53.5	46.7	44.7	44.5	44.8	9.2	2.4	.4	.2	.5
40	35.0	44.2	37.2	35.4	35.1	35.5	9.2	2.2	.4	.1	.5
50	26.2	35.2	28.1	26.5	26.3	26.6	9.0	1.9	.3	.1	.4
60	18.1	26.8	19.5	18.4	18.1	18.5	8.7	1.4	.3	—	.4

*Includes diseases of the heart and arteries, nephritis, intracranial lesions of vascular origin, and other diseases of the circulatory system.

†Includes Hodgkin's disease, leukemia, and aleukemia.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, *Weekly and Monthly Combined*
METROPOLITAN LIFE INSURANCE COMPANY

FEBRUARY 1951

INTERNATIONAL LIST NUMBER (6TH REVISION)	CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS			
		FEBRUARY		JAN.- FEB.	
		1951	1950	1951	1950
	ALL CAUSES—TOTAL	681.6	648.8	685.2	677.6
1-19	Tuberculosis (all forms)	16.4	18.7	16.8	21.2
1- 8	Tuberculosis of respiratory system	15.1	17.3	15.5	19.4
20-29	Syphilis	4.9	4.5	4.9	4.0
50,55-56,85	Communicable diseases of childhood	.5	.8	.5	.8
80	Acute poliomyelitis	.6	.4	.4	.4
140-205	Malignant neoplasms	118.4	114.4	118.3	116.9
260	Diabetes mellitus	16.3	14.7	15.9	14.5
[330-334,410-450,590-594]	Diseases of the cardiovascular-renal system	355.2	334.3	356.5	347.4
330-334	Vascular lesions, central nervous system	67.0	67.9	68.1	69.1
410-443	Diseases of heart	260.1	239.0	261.8	250.9
410-416	Chronic rheumatic heart disease	13.0	12.7	14.0	13.8
420-422	Arteriosclerotic and degenerative heart disease	192.1	168.0	191.7	175.5
440-443	Hypertension with heart disease	44.1	49.1	44.4	53.2
430-434	Other diseases of heart	10.9	9.2	11.7	8.4
444-447	Hypertension without mention of heart	7.3	7.9	6.2	7.5
450	General arteriosclerosis	7.1	7.7	7.1	7.9
590-594	Nephritis and nephrosis	13.7	11.8	13.3	12.0
490-493	Pneumonia	18.5	17.7	18.0	18.5
480-483	Influenza	3.3	1.8	2.4	2.3
540-542	Ulcers of stomach and duodenum	4.3	4.4	4.9	4.6
550-553	Appendicitis	1.6	1.1	1.2	1.1
560-561,570	Hernia and intestinal obstruction	4.3	4.1	4.1	4.3
543,571-572	Gastritis, duodenitis, enteritis, etc	2.9	3.7	2.6	3.1
581	Cirrhosis of liver	9.6	9.3	10.0	10.2
640-689	Complications of pregnancy, childbirth	1.7	1.8	1.7	2.0
E963,E970-E979	Suicide	6.0	4.8	6.3	5.6
E964,E980-E984	Homicide	2.0	2.8	2.4	2.9
[E800-E802, E810-E835,E840-E962]	Accidents—total	37.3	31.2	38.2	35.1
E810-E835	Motor vehicle	14.8	13.3	14.8	15.0
	Home	8.3	7.2	8.4	7.8
	Occupational	4.9	3.2	4.1	3.4
E990-E999	War deaths—enemy action	5.6	—	6.8	—
	All other causes	72.2	78.5	73.4	82.7

*The rates for both years are provisional.

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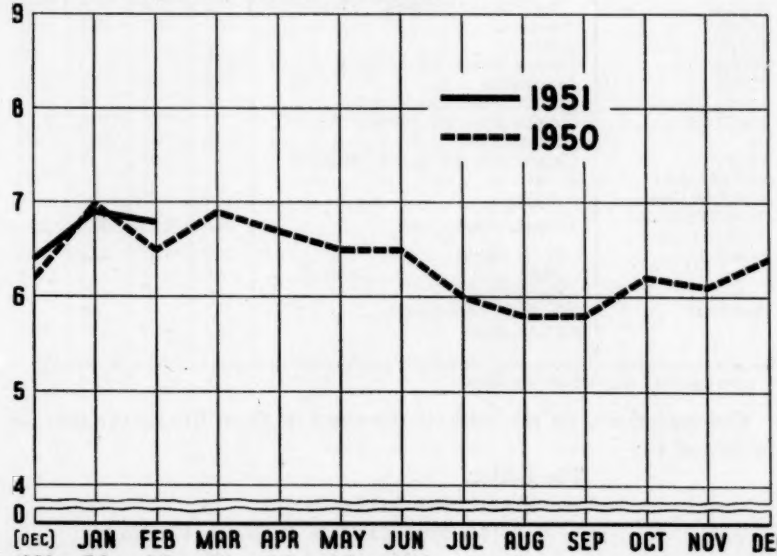
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY · INDUSTRIAL PREMIUM-PAYING BUSINESS
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 POLICYHOLDERS · ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1950	7.0	6.5	6.9	6.7	6.5	6.5	6.0	5.8	5.8	6.2	6.1	6.4
1951	6.9	6.8										

1950 and 1951 figures are provisional

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